

DIVISION OF BEHAVIORAL HEALTH AND RECOVERY RESIDENTIAL BILLING INSTRUCTIONS

As a provider of DBHR-funded residential services, your contract requires that you use the TARGET system to record patient information (e.g., assessment, admission date, discharge date, funding source, modality, etc.). The TARGET system must be used for all clients served, regardless of the origin of the payment.

Pursuant to the *Billing and Payment* and *RSVP Billing* sections of your contract, DBHR uses the RSVP (Residential Services Vendor Payment) system, a subsidiary payment system to the primary TARGET system. If you have Title XIX funding, you will also use the ProviderOne (Medicaid Management Information System) to bill for Title XIX client services.

The matrix below summarizes the billing and payment process for DBHR services:

Type of Service	Source of Funding	Payment Documentation	Mode of Payment	Client Info Entered into TARGET?
All	Title XIX Note 1	HCFA-1500 Claim Form	ProviderOne	Yes
Room & Board	State	HCFA-1500 Claim Form	ProviderOne	Yes
All	State	RSVP Invoice	RSVP System	Yes
All	SAPT	RSVP Invoice	RSVP System	Yes
All	TANF	RSVP Invoice	RSVP System	Yes
Group Care Enhancement	State	A19 Invoice Voucher	DBHR Direct	Yes
Adult Care Enhancement	SAPT	A19 Invoice Voucher	DBHR Direct	Yes
Family Hardship	State	A19 Invoice Voucher	DBHR Direct	n/a
Special Projects	State	A19 Invoice Voucher	DBHR Direct	n/a
Set Rates	State	A19 Invoice Voucher	DBHR Direct	n/a
Physical Exams	State	A19 Invoice Voucher	DBHR Direct	n/a
Assessments	State	A19 Invoice Voucher	DBHR Direct	Yes

[Note 1: See section below if ProviderOne claim is denied.](#)

TARGET System

Before you can bill for residential services, you must first ensure that the patient's information is entered into the TARGET system accurately.

Entering a client's data into TARGET

1. Log into TARGET. If needed, consult your residential contract or the TARGET Help Desk at 1-888-461-8898 for additional assistance logging into TARGET.
2. If your agency has multiple facilities, select the appropriate agency number from the list.
3. The first step to enter a person into the TARGET system is to establish a record of Initial contact: Click on the Client menu and select Waiting List.
4. Complete the search function to assure that there is not already a record for this client.
5. Once you have verified that this is a new client, click on New Client.

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TARGET 2000 Agency: 604000 Waiting List

Home Client Milestone Activities Reports Utility Sys. Maint. ATR

Last First MI
Search on Name Find Clear New Client

Creating a New Client Master Record

Last Name First Name Middle Name
Other Last Name Gender
Birthdate (M/D/Y) / /
Social Security Number
WA. Driver's License or ID#
Race/Ethnicity
Asian Indian
Black/African American
Cambodian
Chinese
Filipino
include
exclude
Tribal Affiliation (this option available only if 'Native American' is selected above)
001-Absentee-Shawnee Tribe of Indians of Oklahoma
002-Agdaagux Tribe of King Cove
003-Agua Caliente Band of Cahuilla Indians of the
004-Ak Chin Indian Community of the Maricopa
005-Akiachak Native Community
include
exclude
Spanish/Hispanic - select -
Client Identifier
SAVE
Home | Choose an Agency | Change Password | Feedback

6. Complete the information requested on the screen and click on **Save**. The Editing Waiting List screen will appear.

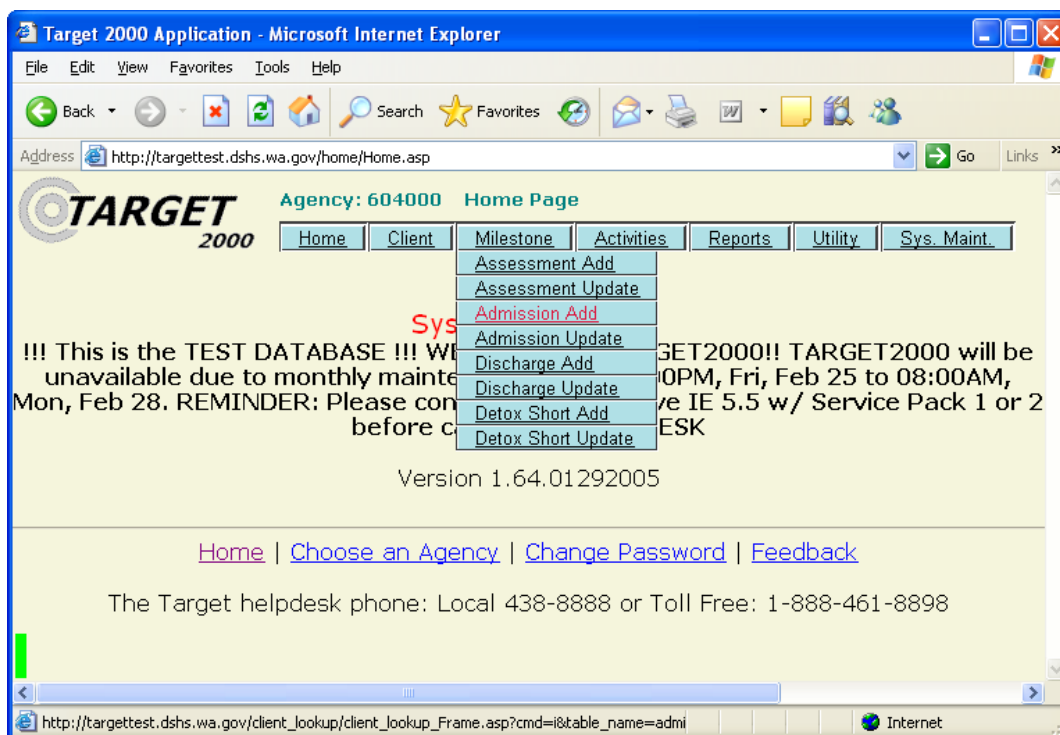
Editing Waiting List

Date of First Contact: / /
Date of First Offered Service: / /
Date of First Accepted Service: / /
Injection Drug User Flag: Select One
Pregnancy Status Flag: Select One
SAVE Remove

7. Complete the contact and service dates and flags information on this screen and click on **Save**. Target Milestone page will appear.

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8. From the menu bar, click on Milestone and select **Admission Add** to create a New Client Master Record.



9. Enter the appropriate information. All fields are required. **Save** the record.

The screenshot shows the 'Creating a New Client Master Record' form in the Target 2000 Application. The address bar displays http://targettest.dshs.wa.gov/Client/client_master_edit_start.asp. The form contains the following fields and options:

- Last Name:
- First Name:
- Middle Name:
- Other Last Name:
- Gender:
- Birthdate (M/D/Y): / /
- Social Security Number:
- WA. Driver's License or ID#:
- Race/Ethnicity: (List includes: Aleut, Asian Indian, Black/African American, Cambodian, Chinese)
- Tribal Affiliation (this option available only if 'Native American' is selected above):

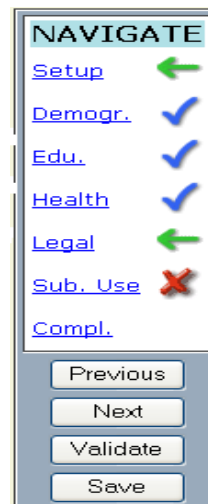
Buttons for 'include' and 'exclude' are visible next to the Race/Ethnicity field. The form is displayed in a Microsoft Internet Explorer window with the title 'Target 2000 Application - Microsoft Internet Explorer'.

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10. Note: If you forget to enter a field prior to clicking on the **Next** or **Save** button, you will get an error message.



Additionally, the navigate window on the far left of the screen will show a red X on any sections of the admission setup that were not entered completely.



11. For billing purposes, the most important screen is the Admission Completion screen. The critical fields are:

Public Assistance Type

Use this field to determine what type of client you are treating. For example, if you are seeing a Medicaid Alternative Benefit Plan (ABP) client the Public Assistance Type for this patient would be ABP. If you are treating a Medicaid client that is General Assistance: Unemployable, the Public Assistance Type for this client would be Medicaid or Title 19.

Modality/Contract/Fund Source

Use this field to determine these 3 separate components. For example, Intensive Inpatient/Medicaid or Title 19/State Direct represents an Intensive Inpatient modality (as defined in your residential contract); the contract type (as defined in your residential contract); and the fund source (as defined in your contract).

Use this field to determine these 3 separate components. For example, Intensive Inpatient/Adult Residential/State Direct represents an Intensive Inpatient modality for a TANF client (as defined in your residential contract); the contract type (as defined in your residential contract – **please note that the contract type for TANF is Adult Residential**); and the fund source (as defined in your contract and as defined by each client).

Is Title XIX Funding the Service?

Use this field to determine whether a client is Medicaid eligible, **and** their treatment services will be funded with Medicaid dollars. A **YES** in this field indicates that the client's services will be billed to the ProviderOne system. A **NO** in this field indicates that the client's services will be billed through the RSVP system or to DBHR directly. **Note: MCTFS of Inpatient/PPW/State Direct would still be used to identify a client that will be paid from Title XIX through ProviderOne. In this case, the only distinguishing field between a client that is state funded and one that is Title XIX funded is the **Title XIX Funded** field.**

12. Once the admission record is complete, click on the **Save** button.

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Target 2000 Application - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address http://targettest.dshs.wa.gov/Client/Client_Master_Action.asp Go Links

TARGET 2000 Agency: 604000 Admission

Home Client Milestone Activities Reports Utility Sys. Maint.

NAVIGATE

- Setup ✓
- Demogr. ✓
- Edu. ✓
- Health ✓
- Legal ✓
- Sub. Use ✓
- Compl. ←

Previous
Next
Validate
Save

Admission Completion

Modality Contract Fund Intensive Inpatient - ADATSA - State Direct

Source

Co-Occurring Disorder Title XIX Funded No ASAM Level -select one-

Pick All That Apply

State Special Project -select one-

County Special Project -select one-

Agency Special Project -select one-

Governing County Thurston Insurance Payment No Insurance Payment

Fee Status Full Fee

Admission Staff Id -select one-

Counselor Staff Id -select one-

Admission Duration Hours Minutes

Previous Next Validate Save

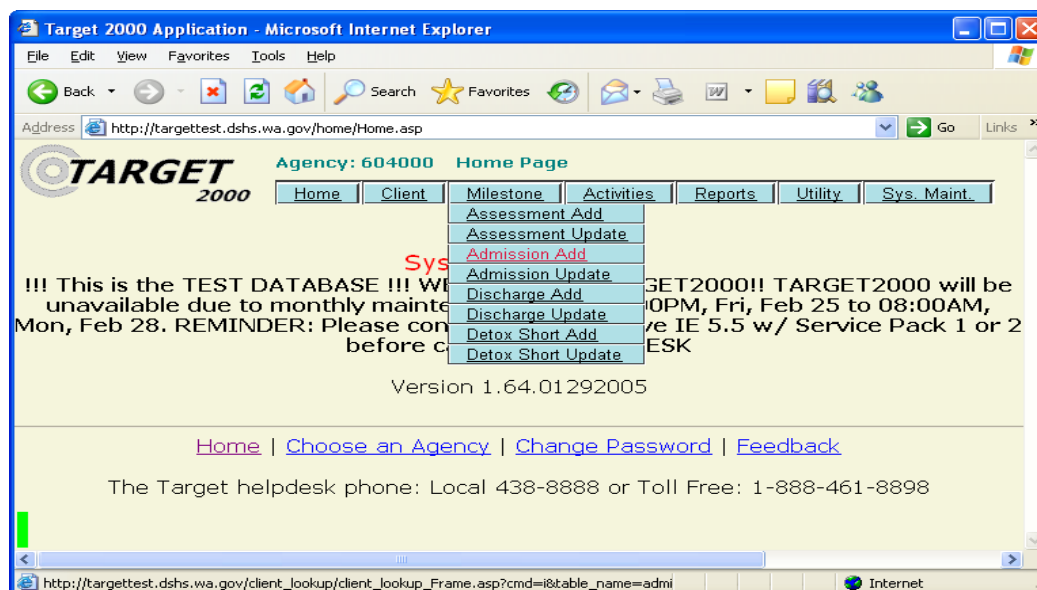
Internet

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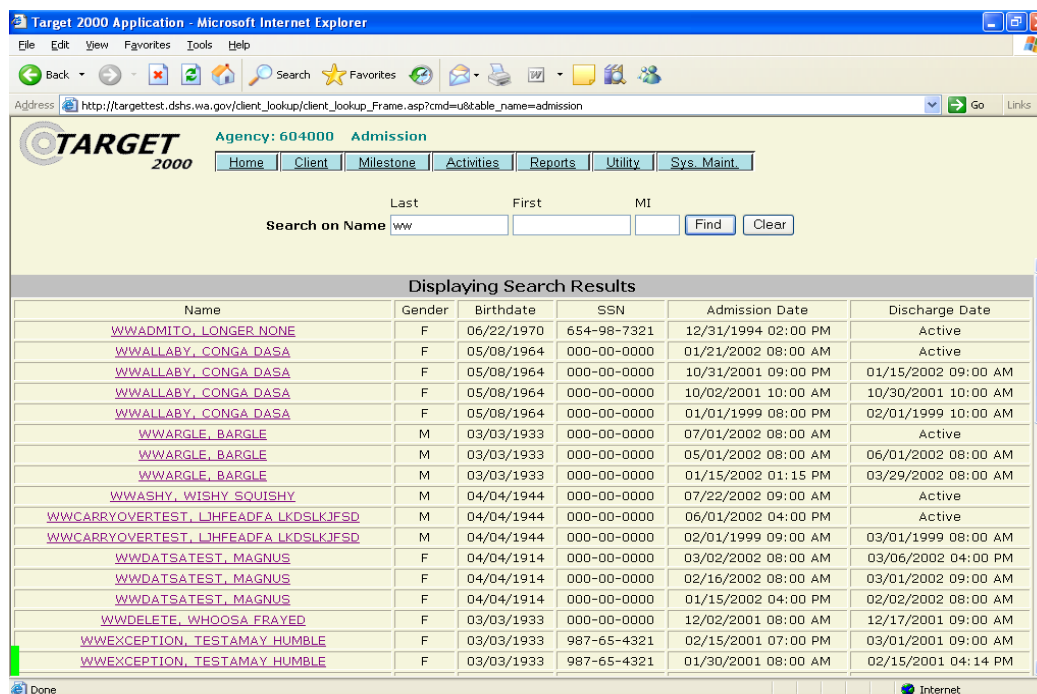
Editing an Existing Admission Record in TARGET

To edit an existing patient record in TARGET, perform the following:

1. From the menu bar on the TARGET home page, click on **Milestone** and select **Admission Update**.



2. Enter the client's last name and first name (you must select at least 2 characters in the last name field).
3. From the query results, select the correct client and click on the link on their name to get to the edit screen for admissions.



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4. Edit the information as needed and click on the **Save** button on the Navigate screen. **Note: You cannot edit the admission date and time. If an error is found in these fields, you must delete the incorrect record and establish a new record.**

The screenshot shows the Target 2000 Application in Microsoft Internet Explorer. The browser window title is "Target 2000 Application - Microsoft Internet Explorer". The address bar shows the URL: http://targettest.dshs.wa.gov/admission/admission_setup_display.asp. The page header includes the "TARGET 2000" logo and navigation tabs: Home, Client, Milestone, Activities, Reports, Utility, and Sys. Maint. The main content area is titled "Admission Setup". It contains the following fields and controls:

- ADMISSION DATE: 12 / 31 / 1994
- ADMISSION TIME: 02 : 00
- IS THIS AN ADATSA ADMISSION?: ☐
- ENTRY REFERRAL:
 - ADATSA Assessment Center (dropdown menu)
 - include (button)
 - exclude (button)
 - Dept of Licensing (DOL)
 - Self/Family
- REFERRING AGENCY: (text field)
- REFERRING ASSESSMENT DATE: (text field)
- REFERRING CSO/HCS: (dropdown menu)
- CLIENT REGISTRY PARTICIPATION?: Permitted (dropdown menu)
- STATUS DATE: 12 / 1 / 2000

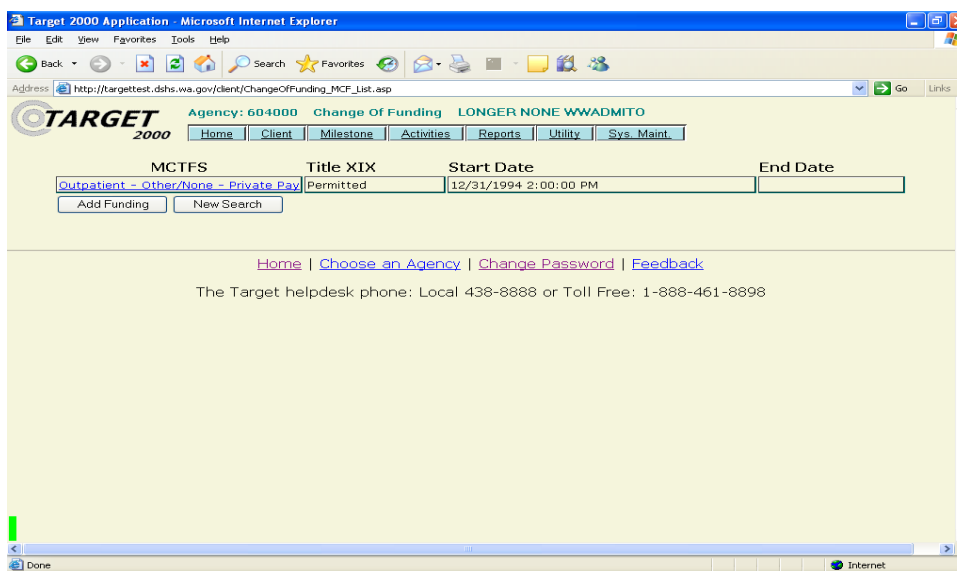
At the bottom of the form, there are three buttons: "MILESTONE COPY", "Delete", and "Print this admission". The left sidebar contains a "NAVIGATE" menu with links: Setup, Demogr., Edu., Health, Legal, Sub. Use, and Compl. Below the menu are buttons: Previous, Next, Validate, and Save.

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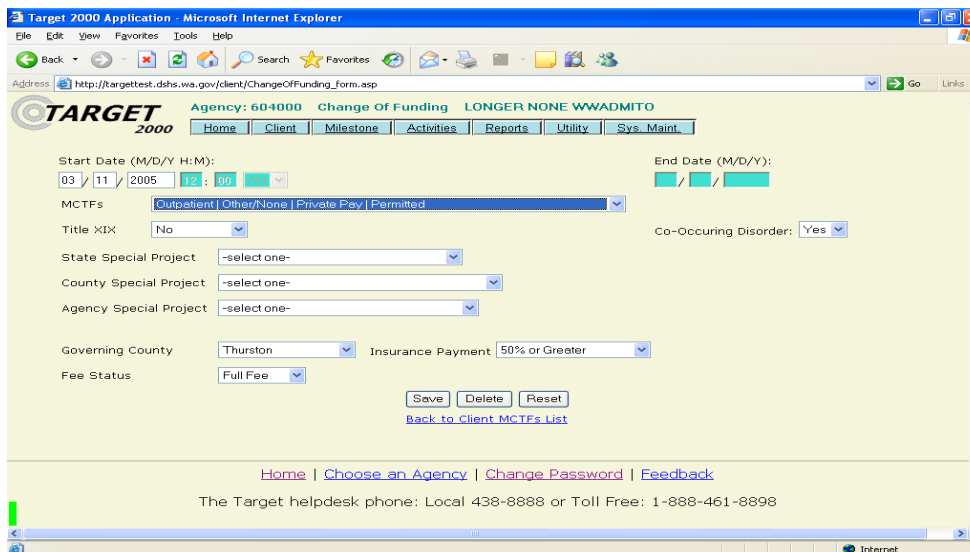
Editing Client Funding in TARGET

To edit an existing client funding record in TARGET, perform the following:

1. From the menu bar, click on **Client** and select **Change of Funding**.
2. Enter the client's last name and first name (you must select at least 2 characters in the last name field).
3. From the query results, select the correct client and click on the link on their name to get to the funding screen.



4. Click on the MCTFS (Modality/Contract/Fund Source) stream to edit the existing funding or click on the **Add Funding** button to create additional funding streams. **Note: Funding streams cannot overlap. If you create another funding stream, the system will automatically end the existing stream prior to the start date of the new funding stream.**



5. Click on the **Save** button to enter the new record.

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RESIDENTIAL BILLING INSTRUCTIONS

ProviderOne System

If your residential contract specifies compensation to be paid by Title XIX funds (CFDA 93.778) or for room and board, **you must first bill the ProviderOne System**. Even though you will receive payment from the ProviderOne system for Medicaid-eligible services, you must enter the patient information into TARGET.

See the [TARGET System](#) section for information on how to enter or edit a client using this system.

ProviderOne Billing

In order to bill ProviderOne, you must be issued a ProviderOne Profile. The Healthcare Authority (HCA) will provide this number to you. Once the provider number is activated, you can begin billing ProviderOne for authorized services. ProviderOne billing can be done through the internet or through a paper HCFA-1500 (Health Insurance Claim Form) form.

ProviderOne billing instructions or Medicaid Provider Guides for Chemical Dependency Treatment can be found at:

http://www.hca.wa.gov/medicaid/provider/Pages/providerone_billing_and_resource_guide.aspx.

Refer to your contract for the correct billing rates.

When billing ProviderOne, it is important you use the correct billing/procedure code for the service being billed. Incorrect billing will result in additional workload to subtract the incorrect procedure code and to bill the correct procedure code.

The correct Title XIX billing/procedure codes and rates can be found in your residential contract.

REMINDER: When billing ProviderOne, you cannot include the discharge date as a payment day. You are not eligible for payment on the day of discharge. The accuracy of the days billed is subject to verification during a contract monitoring and compliance review.

Therapeutic Childcare

Therapeutic childcare is limited to **five billing days per week**.

Title XIX Claims Denied by Provider One

If a Title XIX claim, which was billed through the HCFA-1500 Claim Form, is subsequently denied by the ProviderOne because the client was not Medicaid-eligible, it should be billed to DBHR as a state funded item on a separate Form A19 Invoice Voucher. The invoice voucher will be emailed to you at the time your contract is executed. Contact the DBHR Office of Financial Services for assistance or for additional information.

The A19 must contain the following information:

- ✓ Client's Name
- ✓ Start and End Date
- ✓ Procedure Code Billed
- ✓ Amount Denied
- ✓ Copy of the ProviderOne Remittance Advice showing the denial and the applicable reason code.

You will not be reimbursed by DBHR for Title XIX charges that are denied due to late filing.

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ProviderOne Billing Errors

If you discover that a billing error has been made (e.g., you used the wrong procedure code), you must correct the error via an [Adjustment Request](#) form.

For additional information about ProviderOne, contact the DSHS ProviderOne at 1-800-562-3022 or <http://www.hca.wa.gov/medicaid/Pages/contact.aspx>

Residential Services Vendor Payment (RSVP) System

As specified in the matrix above, the RSVP system is used to pay for all state, SAPT, SSI, ABP, medical assistance only, or TANF funded residential services, excluding family hardship, physical exams, assessments, special projects, and set rates.

The client information must be entered into TARGET by the 7th calendar day (or the next business day if the 7th day falls on a weekend or holiday) of the subsequent month. For example, to be paid for February services, you must enter all the client information into TARGET by the 7th of March. The 8th day of each month (or the next business day if the 8th falls on a weekend or holiday), DBHR exports the data from TARGET and imports it to RSVP in order to create the RSVP invoices.

Note: For providers with multiple TARGET provider numbers, it is very important you use the correct provider number. If you need to verify which provider number to use, please contact the TARGET Help Desk at 1-888-461-8898.

The RSVP invoices contain a high-level summary of the TARGET information as follows:

Note: The contract type for ABP, TANF, and SSI is now Adult Residential.

Field on RSVP Invoice	Content		
Client Name	Client's Name (Last, First, Middle) as entered into TARGET.		
Modality	Type of Service being provided.		
Total Service	The total number of days the person has been in treatment since the date of admission.		
Service Period	The beginning and ending dates service was provided for the month (will include the discharge date).		
Amount Authorized	The total month's payment based on the days in treatment multiplied by the daily rate.		
Contract Type	A	=	Adult Residential
	P	=	Pregnant/Parenting Women
	Y	=	Youth
Public Assistance Type (PAT) (mandatory field)	B	=	ABP
	I	=	Applicant
	M	=	Medical Assistance Only
	N	=	None
	P	=	Supplemental Security Income (SSI)
	R	=	Refugee
	T	=	Temporary Assistance for Needy Families (TANF)
	G	=	Aging, Blind, Disabled
Funding Source (FS)	A	=	Agency Funded
	C	=	County Community Services
	F	=	Federal Direct

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Field on RSVP Invoice	Content
	0 = Other
	P = Private Pay
	S = State Direct
Payment Type	Identifies the payment type to which the services will be charged (e.g., Youth, PPW, ABP, etc.).
Client Identifier	This is a unique, TARGET-generated field composed of the client's last name, first name, and middle initial.
Rate	The rate authorized in your contract for that modality/service.
Reported Days	Payment to the provider is based on this number, which is the numeric calculation of the service period during the month less the discharge date if the client was discharged during the month. The date of discharge is not a paid day.
Actual Days	The provider uses this field to certify that the number of reported days is accurate and agrees to the client's folder or other supporting documentation.
Insurance Amount	This field should be used to indicate the total amount of monies received by third parties (e.g., the client's primary insurance) if less than the amount paid by or owed by DBHR. DBHR will calculate equivalent client days based on the rate in order to adjust the amount owed. If the amount of monies received from third parties exceeds the amount paid by or owed by DBHR, the provider is authorized to retain the excess.

Upon receipt of the RSVP invoice, each agency should certify that the data is correct and accurate. Adjustments to the data are allowed as follows:

Number of Reported Days

Changes to the number of reported days shown on the report should be indicated in the Actual Days field. If no changes are needed, you can leave the Actual Days field blank. Any changes to the number of days must be adjusted for in TARGET as well.

Changes to the RSVP invoice can be made as long as it doesn't involve adding a client or splitting the client into several reported rates. Adding a client or splitting a client into several reported dates will require a write-in.

Reminder: Pursuant to your residential billing contract, you are not paid for the discharge day. If a client is discharged during the month, RSVP will automatically calculate the correct number of paid days.

Insurance Payments or Other Third Party Payments

Use the Insurance Days field to enter the total amount that was provided by third parties. Pursuant to the Billing and Payment section of the contract, third party payments are to be netted against the amount owed by DBHR. The amount shown in the Insurance Days field will be used to deduct an equivalent number of days served. This amount may be subject to verification during a contract monitoring and compliance review.

For example, let's assume that Client A was treated for 12 days during the month at an intensive inpatient rate of \$67.64/day. Before consideration of third party payments, the amount that would be paid to the provider is \$811.68 (\$67.64 x 12).

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If, after receiving the full payment from DBHR, the client's insurance company paid \$400 toward the care of Client A, the provider will indicate \$400 in the Insurance Days field on the RSVP invoice.

Changes to Start/End Dates

If you decrease the start or end date, a corresponding decrease should be reflected in the Actual Days field. Increases must be requested via a write-in, see below.

PPW State Funded Treatment through RSVP - With Children vs. Without Children

An Agency Special Project code has been created for all PPW contracts to differentiate between clients with children and those without children. Use the state special project code (PPW with children) to flag any clients that have children. If the client's status changes during their treatment, you must edit the Client Change of Funding screen in TARGET. Remove the special code if they are now without children or add the special code if they are now with children. Correct usage of the agency special project code will ensure the correct rate is used on the payment.

Certification of the RSVP Invoice

Once the adjustments, if any, have been made to the RSVP invoice, a representative from your agency must sign and date each page of the detail certifying that the charges are correct, all services billed have been provided by the agency, and that the services billed were not paid by a secondary source of funding. Each page must be signed individually.

Any changes to the RSVP invoice must also be noted on the TARGET Invoice Rollup summary page.

WRITE-INS

Because the TARGET system compiles and exports to RSVP the details for the month that has just ended, only client information entered into TARGET by the 7th of the following month will appear on the RSVP Invoice.

Write-ins may be necessary in some instances. For example, February information entered on March 12th would not be picked up in TARGET in time for the February RSVP reporting and would not be changed on the RSVP invoice prior to submission to the Fiscal Section. Likewise, client information entered into TARGET for any month prior to the month being processed would not appear on the RSVP Invoice. For example, January information entered during the month of February would not be picked up in TARGET. Another example would be a client initially reported on the RSVP invoice as 15 days without child that needed to be adjusted to 20 days without child and 10 days with, would require an A19 for the 10 days with child. The adjustment to the number of days without child can be made to the RSVP invoice.

No Write-in is needed if corrections are made to the RSVP invoice prior to submitting to DBHR Fiscal Section with no additional clients added.

For these examples an A19 Invoice Voucher would need to be prepared as follows:

- Complete an A19 Invoice Voucher ensuring that all required fields are addressed.
- Generate the Target C3 Report (use the last day of the month for both the Start and End Date) and D6 Report (use the first and last day of the month for the Start and End Date, respectively). Filter both reports for the appropriate Modality, Contract Type, and Fund Source. Place a check-mark by any client's name that is associated with the write-in.
- Send the A19 Invoice Voucher and TARGET Reports for the write-in to your DBHR Treatment Manager. The treatment manager will verify, approve, and then forward the A19 and necessary attachments to DBHR Fiscal Section for payment.

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- It is necessary to provide the Client initials; Dates of service; Reason for Write-in; and Client Eligibility which includes: Modality, Contract Type, and Fund Source on the A19.

Questions regarding the write-in process should be directed to your DBHR Behavioral Health Program Manager. If an A19 is needed, contact DBHR Finance at (360) 725-3755.

REMINDER: When billing a write-in to RSVP, you cannot include the discharge date as a payment day. The accuracy of the days billed is subject to verification during a contract monitoring and compliance review.

Estimated PAYMENTS THROUGH RSVP

DBHR **may** process an Estimated payment around the 25th of each month, representing an estimated 75% of your primary non-Medicaid funding source, assuming full utilization of the client days as specified in your contract. This payment represents charges that have already been incurred during the month; it is not based on future costs not yet incurred.

The Estimated payment **is optional** and is not offered on any Title XIX services. DBHR will subtract the Estimated payment from the month's certified RSVP invoice and process a payment for the difference. Any Estimated payments that exceed the amount of the RSVP invoice and result in a net credit, will require the submission of a check to DSHS/DBHR for the amount of the credit.

In order to receive this Estimated payment, an A19 must be submitted to the DBHR program manager on the 24th of the month (or first business day after) for approval with submission to the Fiscal Section on the 25th for payment processing. The Fiscal Section will notify you of submission dates for the months of June and November. This Estimated payment A19 template will be provided by the Fiscal Section

Any net credits resulting from under-utilization of your primary funding source will result in a reduction or elimination of your pre-payment.

THIRD PARTY RECOVERIES

Third Party Recovery (through RSVP)

Third party recoveries, usually payments from the client's insurance company, must be netted against the total amount owed/received if the amount received is less than the amount paid by or owed by DBHR. If the amount received is more than the amount paid by or owed by DBHR, the excess amount can be retained.

As an example, let's assume that Client A was admitted on July 10 and discharged July 29. Through the RSVP system, you billed/received payment of \$1,285.16. In August you received \$500 from the client's insurance company.

The correct way to reflect this is to show a write-in on the August RSVP invoice for a reduction of 7.39 patients days ($\$500 \div \67.64 (the modality's rate)). Do not show a rate reduction (e.g., $\$1,285.16 - \$500 \div 19$ (the number of days served) = $\$41.32$) as the RSVP system is not designed to accept alternate rates.

If you received \$1,500 from the client's insurance company, you would show a write-in for a reduction of 19.0 patient days and a total of \$1,285.16 ($19 * \$67.64 = \$1,285.16$). The excess amount of \$214.84 ($\$1,500 - \$1,285.16 = \214.84) is to be retained.

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Third Party Recovery (through ProviderOne)

Follow the DSHS Medical Assistance Administration billing instructions regarding adjustment of claims for third party reimbursement.

CONTRACT MONITORING AND COMPLIANCE REVIEWS

During the course of the contract period, a contract monitoring and compliance review will be performed by DBHR staff. This review is designed to verify whether the provider is in compliance with the terms of their residential contract and billing requirements.

You will be notified by letter 30 days before the review.

Assessments

DBHR will pay Adult Residential providers for an assessment for clients upon admission who meet the following criteria:

1. The person is an SSI, GAU, GAX, Medical Assistance only, or TANF client.
2. An assessment has not been performed on the client in the last 30 days.

When billing DBHR for assessments, the provider must submit the following with the Form A19 Invoice Voucher:

1. The attached *Assessment Form* which identifies the client, where the client was referred from, has the client received a prior assessment and why it is necessary to conduct another assessment.
2. The *TARGET M-2 Report*.

Payments for assessments are included in the maximum consideration of your residential contract.

ASSESSMENT FORM

Client Name	For each client define referral source*	Did client receive assessment from a different agency? If yes, please explain.